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ABSTRACT

Types of work study programs on the secondary level are described, as are federal, state, and local forms, records, and requirements. Over four-fifths of the document consists of appended forms and their explanations. (JD)

ED036948

GUIDELINES FOR INITIATING

WORK-STUDY PROGRAMS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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EC 003 160

COUNTY SUPERINTENDENT OF SCHOOLS

WASHINGTON COUNTY

74 WEST BEAU STREET

WASHINGTON, PENNSYLVANIA 15301

INTRODUCTION

The following is to be used as a guide when initiating Work-Study programs in your school district. The needs of one district may vary considerably from that of another in such areas as: available work, type of Work-Study program, ability of the students, etc., but the Federal and State forms remain uniform and must be completed by all districts participating in Work-Study programs.

It is our aim to give these children as many work experiences as our programs and policies permit. To minimize the loss of valuable time waiting for forms to be checked or obtained from the State or Federal government, we suggest the teacher obtain and help each student complete as many as possible. Many of these forms can be completed before the students begin school in September.

Many suggestions are included in this guide which may be used in your program. Again, the exact structure of your particular program will depend on the needs of your students and the resources available in your area.

Dorothy Squibb
Supervisor of Special Education

Marie Bahn
Supervisor of Special Classes

Thomas H. Knight
Coordinator of Special Education
Work - Study Programs

1. Types of programs which can be established at the local level:

   A. Sophomore, Junior, Senior years - in this program, the students begin their work experience within the school itself in their Sophomore year. They would then progress to ½ day of work in the community, ½ day of school in their Junior year. In their Senior year, they would work a full four (4) days in the community and return to school on Friday for classes.

      Sophomore - variety of in-school work.
      Junior - 6 jobs, 6 weeks at each station.
      Senior - 2 jobs, full semester at each.

   B. Junior and Senior years - this program is exactly the same as Program A with one exception - Sophomores would remain in the classroom all day. Work experiences would begin at the Junior year.

   C. Senior year - the occupational phase of special education would begin at the Senior year. The students would either work ½ day in the community and ½ day in school or four (4) full days work experience in the community and one (1) full day of classes.

   D. Special students - if a child is unable to participate in the regular Work-Study program because of a very limited mental ability or physical handicap, he may be placed in a situation with direct supervision such as Sheltered Workshop in the community, local Associations for the Blind, etc.

2. Classes - The students will participate in all high school activities and will be enrolled in gym, home economics, shop, and art classes, whenever time schedules permit. All subjects in classes with the special education teacher will be geared toward occupational education using textbooks and workbooks specifically designed for this purpose. (A list of companies and materials on occupational education is available.)

3. Graduation - Upon completion of a designated number of years or credits in the special education program and successful participation in the Work-Study phase, it is suggested the student be awarded a regular high school diploma. If the curriculum is given on your diplomas, "Occupational Education" should be used.

4. State and Federal forms - The following forms must be completed in order to operate a Work-Study program. (See enclosed forms.)

   A. Pennsylvania - you must apply for a Special Temporary License by using request form 992, to be sent in duplicate to the Bureau of Special Education, Department of Public Instruction, Room 344, Education Building, Harrisburg. It states that you are asking for authorization to issue Special Temporary Licenses. This form should be duplicated as it will be needed yearly.

   B. Pennsylvania - Once Form 992 (above) has been received by the Department of Labor and Industry, they will send you an authorization (form 993) to issue notices of Special Temporary Licenses. (Keep on file in your room or the school office).

   C. Pennsylvania - Special Temporary License (form 994). Four (4) copies should be made for each child at each station. Two (2) copies are kept on file by the teacher and two (2) copies are sent to the Bureau of Special Education. This form should be duplicated as many copies will be needed throughout the year.

      At the end of the school year, each school will forward in duplicate this license (Form 994) to the Bureau of Women and Children, Hours and Wages, Room 1404, Department of Labor and Industry, Harrisburg. (You may desire to make an additional copy for your records).

   D. Pennsylvania - Health Certificate. If a student worked in any manner or form with food, many areas require Health Certificates. You can check with your Local Department of Health. In many instances this is only a city ordinance. The enclosed form is a sample of the procedure for obtaining a certificate in Washington, Pennsylvania.

   E. Federal - If a business or establishment crosses state lines the wages will be regulated by Federal Laws. A Federal license must be obtained before a child can be paid sub-minimal wages. This license and any questions pertaining to Federal regulations can be answered by calling or writing Mr. Joseph P. Cassidy, District Director, U.S. Department of Labor, 1617 Federal Building, Pittsburgh, 15222. Phone 644-2670

5. Work Permits - Each child must have a Work Permit. This can be obtained by following the enclosed form.

6. Social Security - Each child must have or apply for a Social Security card. This can easily be arranged by the local Social Security Office. If you desire to have all of your students receive their card at the same time, a representative will come to your classroom.

7. State Employment Office - The high school guidance counselor or State Employment Office manager should be contacted to make arrangements for each child to be given the General Appitude Test Battery (GTAB) which will help you determine each child's specific abilities and interests. This test should be administered and interpreted at the very beginning of the school year.

8. Insurance - Each employer should have Workman's Compensation which can be duducted from the student's pay. The school district or student should also obtain a policy (approx. $3.50) which covers the student from the time he leaves home in the A.M. until he begins work at his job station. This also may be deducted from his pay.

9. Transportation - All students should be placed at job stations which can easily be reached by walking or public transportation. If this is impossible, special arrangements can be made with school buses, taxi, car pool, etc.

10. Parental Consent - Before a child is placed at any job station, you must obtain consent from both parents or guardian. If a child changes jobs, consent must be given by the parents. This is for your own protection. The letters of consent should be filed in the student's folder. (See enclosed copies).

11. Local School District Forms and Records -

A. Student folders should be maintained containing job stations, wages, dates, accidents, grades, etc.

B. Business and Industry folders should be initiated containing the names of each student at that establishment, manager's comments, requirements of the job, wages paid, etc....

C. Areas of Job Training - Each child should be given a list of possible job stations in the area of which he may choose three (3), in order of preference. This will be used in determining his possible job placement. (See enclosed form)

D. Employer's Rating of Trainee - Each employer is expected to rate his employee. There are many forms available which can be used. (See ecnlosed form)

E. Student's Weekly Progress and Interest Report - This form is completed weekly by the student to help him realize his strengths and weaknesses, accomplishments, wages, etc... (See enclosed form)

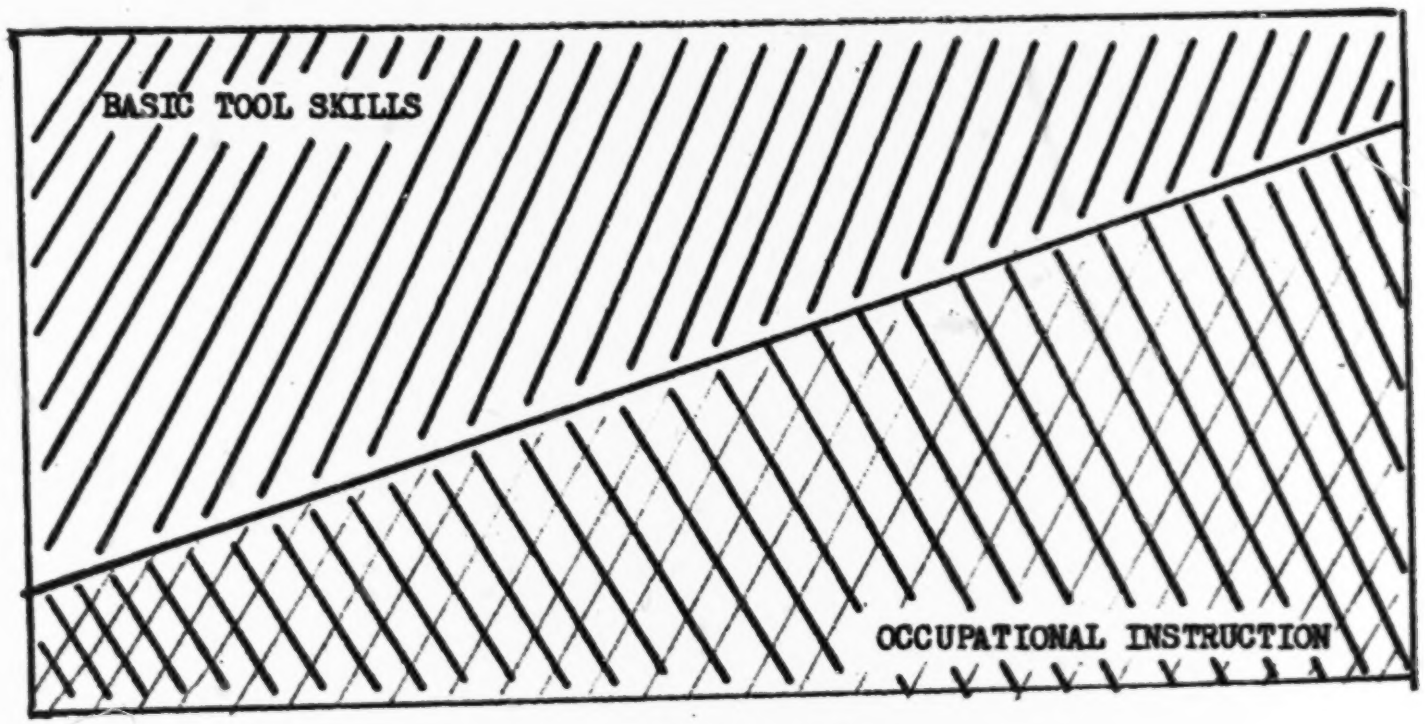
F. Visitation Report - This is completed by the teacher-coordinator as he visits each student at his training station. (See enclosed form). The student is rated on a four point scale as follows:

1. Very poor adjustment
2. Poor adjustment
3. Average
4. Above average

G. Time card - Each student should have a time card in the classroom which records his number of hours on-the-job weekly. This is to be done even if he "punches" a time card at work.

H. Letters of Recommendation - This should be a form letter which the employer may easily copy or use as a guide. The employer should use a company letterhead. (See enclosed form). The student's letters of recommendation will be filed at the school and presented to him upon graduation.

RELATIVE AMOUNT
OF EMPHASIS



PRIMARY INTERMEDIATE HIGH SCHOOL

* Taken from Clinical Teaching - Methods of Instruction for the Retarded , by Robert M. Smith

PHONE: 787-4670
787-4671
787-4672

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WOMEN AND CHILDREN
HOURS AND WAGES
HARRISBURG 17120

Subject: Special Temporary License

To: Supervisors and Coordinators of Work-Training Programs for Mentally Retarded

From: Mrs. Betty Fahnestock, Director
Bureau of Women and Children
Department of Labor and Industry
and
Dr. Kathryn Dice Reier, Director
Bureau of Special Education
Department of Public Instruction

Request Form 992 for Special Temporary License has been simplified. The name and address of the student is no longer required. It is suggested you duplicate this form for future use.

The Authorization (Form 993) has also been revised. Since the names of the students do not appear on the Request (Form 992) it follows that their names will not appear on the authorization. The authorization permits the school to issue the license to the student with the handicap of mental retardation and/or is in an approved special class for mental retardation.

License (Form 994) has one section added (Accident or Injury). All the information that you need for the end of the year report is on this form. It is suggested that you make up enough copies of this license so that you can send two copies of each student's placement to the Department of Public Instruction, Room 344, Education Building, Harrisburg, Penna. 17120. The original license is held at the school. Duplicating this form is also advisable.

Form 992 (Request) and Form 994 (License and End of Year Report) may and should be duplicated locally according to your specific needs.

Note: As of September 1, 1967, Pennsylvania Minimum Wage remains at $1.00 per hour.

Spec. Educ.
No. 995

Date _____

Subject: Request for Issuance of Notices of Special Temporary Licenses for Payment of Sub-Minimum Wages to Special Education Students During School Hours. (Submit in Duplicate)

To: Bureau of Special Education, Department of Public Instruction, Room 344, Education Building, Harrisburg, Pennsylvania

From: _____ _____ District Operated ☐
(County) County Operated ☐

_____
(Address)

_____
(Name of School)

_____
(Supervisor or Director of Special Education)

_____ Phone: _____
(Work-Training Coordinator)

_____ Phone: _____
(Chief School Administrator)

Pursuant to the provisions of Section 10 of the Minimum Wage Act of 1961, P. L. 1313, authorization is requested to issue notices of Special Temporary Licenses for the employment of Special Education Students in work-training situations during school hours, to be paid sub-minimum wages of not less than 25% of the minimum applicable wage. These students have a handicap of Mental Retardation. Such licenses to be effective for placements during the school year September 19 ____ to June 19 ____.

It is understood that any and all employment outside of school hours will be reimbursed at the applicable minimum wage, unless separate application is made to the Bureau of Women and Children, Hours and Wages, Department of Labor and Industry, jointly by employer and employee for special license for sub-minimum wage for such time outside of school hours.

It is also understood that at the end of the school year each school will forward in duplicate to the Bureau of Women and Children, Hours and Wages, Room 1404, copies of the Form 99¼ License.

No. 992
Revised 1967

PHONE: 787-4870
787-4871
787-4872

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WOMEN AND CHILDREN
HOURS AND WAGES
HARRISBURG 17120

Subject: Authorization to Issue Notices of Special Temporary Licenses for Payment of Sub-Minimum Wages to Special Education Students During School Hours (Section 10, Minimum Wage Act of 1961, P. L. 1313)

To: _____
(Name of School(s))

_____
(Supervisor or Director of Special Education)

_____
(Work-Training Coordinator)

_____
(Chief School Administrator)

From: Bureau of Women and Children, Hours and Wages
Department of Labor and Industry
Room 1404, Labor and Industry Building, Harrisburg, Pennsylvania

In response to your request of _____ this will authorize you to issue notices of special licenses for payment of sub-minimum wages. The Special Education students have a handicap of Mental Retardation and are in work-training placements during school hours for the period of the school year from September 19 ___ to June 19 ___.

It is understood that any and all employment outside of school hours will be reimbursed at the applicable minimum wage, unless separate application is made to the Bureau of Women and Children, Hours and Wages, Department of Labor and Industry jointly by employer and employee for special license for sub-minimum wage for such time outside of school hours.

_____, Director _____ Date
Bureau of Women and Children
Hours and Wages

No. 993
Revised 1967

SPECIAL TEMPORARY LICENSE

SPECIAL EDUCATION STUDENT TO WORK FOR SUB-MINIMUM WAGES IN WORK-TRAINING PLACEMENT DURING SCHOOL HOURS
(Under authority of Section 10, Minimum Wage Act of 1961)

EMPLOYER: _____

ADDRESS: _____
(Street) (City)

TYPE OF BUSINESS: _____

The following named Special Education Student is authorized to work during school hours at the sub-minimum hourly wage rate specified below for the dates from _____ to _____.

STUDENT _____ AGE _____ SEX _____

ADDRESS _____

SCHOOL _____

OCCUPATION _____

Schedule of HOURS of Placement

	Monday	Tuesday	Wednesday	Thursday	Friday
From	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____

HOURLY WAGE RATE (not less than 25% of Applicable Minimum Rate): $ _____

Accident or Injury _____

_____

_____ _____
Date School Administrator

NOTE: In accordance with the Attorney General's memorandum of October 4, 1965: "All employers partaking in these various work-training programs are required to afford the students Workmen's Compensation and Occupational Disease coverage. The employer shall remunerate the student under those circumstances and conditions which will result in affording to the participating students the protection of the Workmen's Compensation Law and Occupational Disease Law".

If authorization is desired to employ a Special Education Student at sub-minimum wages outside of school hours, application for a separate license must be made jointly by the employer and the employee and forwarded to the Bureau of Women and Children, Hours and Wages, Department of Labor and Industry, Room 1404, Labor and Industry Building, Harrisburg, Pennsylvania.

No. 994
Revised 1967

PLEASE POST NOTICE PLEASE POST

TO WHOM IT MAY CONCERN

Proprietors - Managers - Operators of Eating and Drinking Establishments, Washington, Pennsylvania

Please be notified the year end write-up inspection of your place of business will be made shortly.

I am requesting that you have ready, at time of inspection, an up-to-date list of all your Employees, this includes the managers, proprietors and day and night employees.

I want their name and address, also their current Health Certificate and their X-ray card.

Those employees who do not have an up-to-date Health Certificate or X-ray by the end of the year, will be refused the privilege to work in an Eating & Drinking Establishment, as provided for in the Ordinance.

I ask your utmost cooperation in this matter.

* *

A Health Certificate may be procured in the following manner:

PHYSICAL	Call Dr. Benjamin Super - 7 West Wheeling Street, Washington, Pennsylvania for an appointment, Phone 225-5580. If you prefer you may go to your own family doctor as long as you have the proper forms for him to fill out and also pay for the service.
BLOOD - TEST	Go to Washington Hospital on WEDNESDAY or THURSDAY from 9A.M. to 4 P.M.
CHEST X-RAY	Get this service when the X-ray Cruiser is in town. The days and location will be in the local newspaper.

FOR FURTHER INFORMATION CALL THE BOARD OF HEALTH 225-1920

Douglas S. Nettle
Health Officer
Washington, Pennsylvania

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

WORK PERMITS

The following steps of procedure are designed to simplify the method of obtaining Work Permits for students enrolled in a Work-Study Program.

Why working papers are required: For your protection.

1. The teacher should have copies of Promise of Vacation Employment forms on file (or individual student can obtain one from the School Attendance Officer or local school district offices.)

2. The student must establish his age. A birth certificate is sufficient proof. Section A is then completed by issuing officer.

3. This form is taken to the employer by the teacher and Section B is completed.

4. The student is then given the form. He is to go to the school physician for a physical. The physician will complete the Record of Physical Examination on the reverse side of the form. There should be no charge to the student for this service.

5. The student's parent or guardian is to complete Section C.

6. The form is returned to the teacher. The teacher will then take it to the School Attendance Officer or local school district office. A Vacation Employment Certificate* is then issued by that office and mailed to the employer.

7. A new Promise of Vacation Employment form must be completed and a Vacation Employment Certificate must be issued with each change in job stations during the year. (It is for this reason we suggest the teacher keep the Promise of Vacation Employment forms available.)

* The Vacation Employment Certificate (yellow) is issued to all students enrolled in a public school. There is another form (white) which is used only if the individual is not enrolled in a public school.

WASHINGTON COUNTY PUBLIC SCHOOLS
Special Services for Pupils
Education Building - 74 West Beau Street
Washington, Pennsylvania 15301

ASSIGNMENT FORM DATE _____

We, the parents of _____ who is presently enrolled in the Occupational Education Curriculum hereby request and give our complete permission for the placement of our child in the

_____ as _____.
(Firm and address)

We understand and approve of, the fact that he will be at this assignment during the hours of _____ on school days for a period of eight or nine weeks beginning _____. We further understand, and approve of, the fact that our child will receive a percentage of the mandated minimum wage primarily so that he will be covered by Workmen's Compensation Insurance. We further declare that we desire this Occupational Training of our child and absolve and release all persons, corporations and the _____ School District from any obligations or liabilities which may arise as a result of our child's placement in this training experience.

We hereby agree that our child is permitted to work at the job station assigned by the coordinator, for the period designated above, providing his work-experience is satisfactory to the coordinator and the employer. We further understand and agree that if and when our child does not meet the requirements of the job assigned, the coordinator has the right to change the job station.

We further agree to communicate with the coordinator regarding any problems which may arise before we contact the employer, except in case of an emergency.

_____ _____
Occupational Education Coordinator Mother

_____ _____
School Telephone Number Father

FORM - I _____
Date Signed by Parents

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

PARENTAL CONSENT FOR WORK EXPERIENCE

_____
Date

We, the parents of _____ who is presently
Name of student
enrolled in the Occupational Education Curriculum of the Washington County Schools, hereby request and give our complete permission for the placement of our child _____,
Pupil's name
in the _____ in the
Name of firm - address
capacity of _____. We understand and
Name of job
approve, that he will be at this assignment during the hours of _____ on Monday, Tuesday, Wednesday, Thursday, and Friday for a period of _____ weeks beginning
No. of weeks
_____.
Date

Date: _____

Mother: _____

Father: _____

FORM II

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

AREAS OF JOB TRAINING

GIRLS	CHOICE		
	1	2	3
Bakery			
Power Sewing Machine School			
Food Manufacturing & Packaging			
Department Store - Stock Room			
Ladies' Clothing Store			
Shoe Store			
Clerk in a Department Store			
Hospital			
Restaurant - Waitress			
Restaurant - Kitchen			
High School Cafeteria (learning to prepare food, not dishwashing.)			
Hotel - Kitchen - Salad Pantry			
Motel - Housemaid			
Hotel - Housemaid			
Y.W.C.A. - Housekeeper			
Florist			

If you have any other suggestions, please list them_____

_____

If a particular place is suggested _____

If you have any questions, please use back of this sheet.

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

EMPLOYER'S RATING OF TRAINEE IN OCCUPATIONAL EDUCATION WORK EXPERIENCE

Trainee _____ Training Station _____

Job _____ 2nd Week Rating _____ Date

Date Placed on Job _____ 4th Week Rating _____ Date

Terminates _____ Last Week Rating _____ Date

The purpose of this rating form is threefold:

1. To help the trainee be aware of his limitations and thus be in a position to make improvements.
2. To aid the Coordinator in selecting specific areas of the job training process which need additional classroom discussion and/or practice.
3. To provide the employer with an objective device for evaluating the student's progress and needs.

EMPLOYER: Please be frank and specific in your rating. If the rating is negative, please comment on the contributing factors.

Trait	Needs to Improve in This Area	Satis-factory	Good	Factors Which You Contribute to This Rating
Appearance				
Courtesy				
Punctuality				
Follows directions				
Does more than asked				
Accuracy				
Cooperates with employees				
Cooperates with others				
Reaction to criticism				
Self-confidence				

Progress Evaluation: Please make any specific suggestions you feel will stimulate improvement of this student.

_____ Rated by

_____ Position

_____ Date

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

TRAINEE _____ DATE _____

Training Station _____ WEEK: 1 2 3 4 5 6 7 8
TRAINING HOURS:

Student's Weekly Progress and Interest Report

Days Worked: Monday Tuesday Wednesday Thurs. Fri. Total Hrs._____

If any day is not circled - state reason _____

_____

My Work for the Week:
Jobs performed: _____

_____

_____

WAGES EARNED: _____

These are the problems (areas) where I need help _____

I learned how to do these new things this week _____

I made these mistakes and this is how I handled the mistakes _____

_____

This is the most interesting and exciting experience I had while working this week. _____

Student's Comments about work this week.

Signed _____

Coordinator's Comments from weekly visit.

Signed _____

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

SPECIAL EDUCATION WORK EXPERIENCE PROGRAM
Visitations

County Coordinator: _____ from: _____

	Training station school or office	Teacher, Mgr. or student	Date	Rating	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

STUDENT RATING EXPLANATION

1. Very poor adjustment - incapable, conflicts.
2. Poor adjustment - slow at learning, many mistakes.
3. Average - Developing skills and adjustment satisfactory.
4. Above average - learning quickly, manager enthusiastic.

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

Suggestions for the Letter of Recommendation to be Written for the Student Trainee Upon Completion of the Job Training Program

This guide is a suggestion only - you may use your own words.

Your letter, along with others, will be presented to the student at graduation time.

Employer should make an original and two carbons of this letter.

Company Letterhead

_____
_____
_____
_____

_____
Date

To whom it may concern:

This is to inform you that _____ has
full name of student
been with this organization in the capacity of a Student Trainee from the Occupational Education Department of the _____ High School for a period of _____ weeks. (His or Her) job assignment was _____ which included the following types of
Specify title of job
activities: _____ (He or She) was rated
Specify major job functions
(most highly or average) on the following traits by (his or her) supervisor: _____

I (would, would not) recommend _____ for employment
Student's first name
in this type of position.

_____
Name

_____
Title

DEPARTMENT OF LABOR
Wage and Hour and Public Contracts Divisions
ROOM 1617, FEDERAL BUILDING
1000 LIBERTY AVENUE
PITTSBURGH, PENNSYLVANIA 15222

FOR AGENCY USE ONLY			
AGE ☐	ORIGINAL ☐		
OTHER ☐	RENEWAL ☐		
MEDICAL ☐	DENIED ☐		
RATE	FROM	TO	

APPLICATION FOR HANDICAPPED WORKER CERTIFICATE

INSTRUCTIONS:

a. This is an **APPLICATION FORM ONLY** and not a permit or certificate. It is to be used in applying for a certificate authorizing a special minimum wage for a handicapped worker under the Fair Labor Standards Act, Walsh-Healey Public Contracts Act, and/or McNamara O'Hara Service Contract Act. All items should be carefully answered.

b. Four copies of this form are to be completed and then signed by both the employer and the handicapped worker. The employer should send the original and one copy of the completed form to the address shown above, give one copy to the worker, and keep one for his own files.

INFORMATION ABOUT EMPLOYER

1. Name of firm

2. Date of application

3. Address, including ZIP Code, of establishment where worker will be employed

4. (a) Type of business
(Examples: retailing, wholesaling, manufacturing, processing, miscellaneous business services, etc.)

(b) Type of products or services
(Examples: men's and boys' clothing, seafood, hosiery, cigars, mail advertising, etc.)

INFORMATION ABOUT HANDICAPPED WORKER

5. Name of worker
Mr.
Mrs.
Miss

6. Sex

7. Date of Birth

8. Home address, including ZIP Code, of worker

9. How long employed by firm

10. How long at present job

11. Occupation in which worker is to be employed (Describe in detail)

12. Nature of worker's disability:

(a) Describe in FULL. (Do not use vague statements, such as "nervous," "slow," etc.)

(b) Obvious ☐ Not obvious ☐ (Check one.)
(If disability is not obvious, a Report of Medical Examination, Form WH-242 should be completed by a physician and accompany this application.)

(OVER — THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED)

Form WH-222 (Rev. 2/68)

INFORMATION ABOUT EARNINGS

Note: The information requested below is necessary to determine the certificate rate.

13. (a) NONHANDICAPPED employees in establishment during most recent week doing same type of work as described under Item 11.

(1) NUMBER OF SUCH EMPLOYEES (If none, so state)	(2) STRAIGHT-TIME AVERAGE HOURLY EARNINGS (Excluding make-up)		(3) NUMBER PAID MAKE-UP TO EQUAL MINIMUM (If none, so state)	(4) AVERAGE MAKE-UP PER HOUR (Divide total make-up by total hours worked by employees paid make-up)
	Time work	Piece work		

(b) If the make-up paid reported in 13(a)(3) and 13(a)(4) above is the result of unusual circumstances, explain.

14. Handicapped worker's earnings for most recent 4 weeks he or she worked for the employer.

(a) WEEK ENDING (Date)	(b) HOURS WORKED (Total for week.)	(c) STRAIGHT-TIME AVERAGE HOURLY EARNINGS (Excluding make-up)		(d) MAKE-UP PAY (Total for week added to equal authorized minimum. If none, so state.)	(e) OVERTIME PAY (Total paid for week over and above straight-time earnings)	(f) WEEKLY EARNINGS (Total gross earnings for week.)
		Time work	Piece work			

15. If worker has been employed during the above 4 weeks in an occupation other than that described in Item 11, specify occupation.

16. Amount firm proposes to guarantee worker PER HOUR.

SIGNATURES OF EMPLOYER AND HANDICAPPED WORKER

17. I certify that to the best of my knowledge and belief, all statements are true and accurate.

Signature of employer or authorized official

18. Print or type name and official title

19. I have read the statements in this application and ask that the requested certificate be granted.

Signature of handicapped worker *(If worker cannot write, signature may be made by mark* (X) *and witnessed by another person.)*

20. Witness. *(Required ONLY if worker's signature is made by mark* (X).)

Signature of witness.

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

WORKMEN'S COMPENSATION & EMPLOYER'S LIABILITY INSURANCE

The following is an example of what the premium rate is for an "Automobile Filling Station - no mechanical repairs". Code number for this category is 816.

The chart in the Pennsylvania Manual of Rules, Classifications and Rates for Workmen's Compensation and for Employers' Liability Insurance is as follows:

Code	Manual Rate	Minimum Premium	Loss Constant
816	.88	33	10

All rates are figured by the following formula:

Payroll x (times) Rate (per $100 payroll)+ (plus) Loss Expenses

Assuming that the Filling Station payroll is $1,000 a year the premium rate would be as follows:

	Payroll		Rate for each $100		Loss Expense		Expense Constant
1.	$1000	x	.88	+	10	+	10

2. $\frac{1000}{100} = 10 \times .88 + 10 + 10 = \underline{\$28.80}$ Premium

Since the premium is lower than the minimum premium of $33.00, the premium would be $33.00.

For a Filling Station Owner, who meets Code 816 requirements, who does not presently carry any employees and would take on a Work Experience pupil, the minimum premium would be $33.00. For an owner who has employees and his premium rate is over $33.00, to carry a Work Experience pupil would increase his present premium $.88 for every $100 he pays the employee.

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

The following requisites for graduation have been developed by the Department of Occupational Education, Altoona Area School District.

A special education student must fulfill these requirements in order to receive a regular high school diploma.

A. General Requisites for Graduation
   1. Successful completion of three year high school program with passing grades.
   2. Successful completion of job training.
   3. Active interest in most school functions - curricular and extra-curricular

   (The above points will be largely up to the discretion of the teachers and the Supervisor of Special Education.)

B. Credit Requisites for Graduation
   1. Tenth Grade

      1 - Unit of Social Studies - World Cultures - 36 weeks
         a. Transportation
         b. Communication
         c. Sub-headings a and b will be incorporated in the general heading of World Cultures.

      1 - Unit of English - 36 weeks
         a. Reading - S.R.A. methods and remedial reading
         b. Modern English usage - vocabulary development

      1 - Unit of Mathematics - Mathematics I - 36 weeks
         a. Basic Mathematics - 18 weeks
         b. Money Management - 18 weeks

      ½ - Unit of Physical Education - 36 weeks

      ½ - Unit of Social Recreation
         a. Grooming - 9 weeks
         b. Activities
            (1) Bowling - 18 weeks
            (2) Swimming - 9 weeks

      ½ - Unit - Home Economics (Sewing - Girls) - 36 weeks

      ½ - Unit - General Shop I (Boys) - 36 weeks

      Total Units for Tenth Grade = 5

   2. Eleventh Grade

      1 - Unit of Social Studies - American History - 36 weeks
         a. Standard of living will be incorporated into American History

1 - Unit of English - English II
  a. Modern English usage - vocabulary development - 18 weeks
  b. Job Information - 9 weeks
  c. Remedial Reading - 9 weeks

1 - Unit of Mathematics - Mathematics II - 36 weeks
  a. Banking Services - 18 weeks
  b. Budgeting - 18 weeks

1 - Unit of Laboratory Science
  a. Practical Science - 36 weeks

½ - Unit of Physical Education - 36 weeks

½ - Unit of Health - 36 weeks
  a. Dating, Marriage, Family Health

½ - Unit of Home Economics - (Cooking - Girls) - 36 weeks

½ - Unit of General Shops - General Shops II (Boys) - 36 weeks

Total Units for Eleventh Grade = 6

3. Twelfth Grade

1 - Unit of Social Studies - Problems of Democracy - 36 weeks
  a. Rights and Duties of a Citizen
  b. Military Service
  c. Community Agencies
  d. Basic Economics

1 - Unit of English - English III - 36 weeks
  a. Modern English Usage - vocabulary development - 18 weeks
  b. Adapted Literature - 18 weeks

1 - Unit of Mathematics - Mathematics III - 36 weeks
  a. Credit Buying - 9 weeks
  b. Shopping Techniques - 9 weeks
  c. Fundamentals of Insurance - 9 weeks
  d. Renting and Purchasing of Housing - 9 weeks

1 - Unit of Job Training - 4 Job Training Situations at
  9 weeks each, for 36 weeks

Total Units for Twelfth Grade = 4

TOTAL GRADUATION UNITS = 15

COUNTY SUPERINTENDENT OF SCHOOLS
Washington County
74 West Beau Street
Washington, Pennsylvania

RESPONSIBILITIES OF PERSONNEL

The School

Board of Education:

Must approve the program.
Must be informed of any major change.

Chief School Administrator:

Present the program to the Board of Education for approval.
Must be informed of any changes in the program.
Clear legal and financial aspects. (parental release; insurance; State and Federal forms; mileage payments for supervisor or teacher if necessary). This responsibility may be delegated to the supervisor or the occupational education teacher.

Principal:

Schedule classes to facilitate release time for both students and occupational education teacher.
Aids in selection of community business enterprises.
Must be informed of any changes.

Guidance Counselor:

Provides occupational and personal guidance for community placement as requested.
Aids teacher in setting up and supervising program as requested.
Aids teacher in follow-up studies of former occupational education students.

County Coordinator of Work Programs:

Assists in the organization and operation of the program as needed.

Special Education Teacher:

Explores interests, habits, and aptitudes of students.
Evaluates students for occupational placement.
Makes parental contacts essential for successful operation of program.
Assembles a cumulative file of suitable occupational placement.
Contacts appropriate businesses for possible placement.
Makes individual student placements.
Supervises work activities weekly.

Special Education Teacher:

Teaches special classes involved in occupational education.
Follow up studies of former occupational education students.
Assists students in setting up schedules to allow time for job training- then presents schedules to the building principal.
Assumes all responsibilities for the operation of this program which have not been assigned to other personnel.
Maintains essential records and communications, including:
work permits
State and Federal certificates
health certificates (if needed)
parental release
letters of recommendation
accident records
social security number
job ratings-teacher
employer
school insurance
car insurance - if student drives own car
wages paid
accurate list of requirements for graduation which have been completed
counsels for desirable attitudes toward occupational adequacy and interpersonal relationships.
attends and participates in alll in-service meetings and workshops related to work study programs provided by the County Office or school related associations.

The Employer

Employer or Job Supervisory Personnel:

Agree to provide for a well-supervised, adequate training program for the student.
Wages must be paid according to State and Federal regulations.
Provide Workman's Compensation.
Make recommendations for counseling to the supervisor or occupational education teacher.
Evaluate the student at the conclusion of his work experience.
Supply a letter of recommendation whether favorable or unfavorable upon completion of job training.
Sign child's working papers and receive a Vacation Employment Certificate for each student on the job under his supervision.

WASHINGTON COUNTY SUPERINTENDENT OF SCHOOLS
74 W. Beau Street
Washington, Pennsylvania

Education Building Tele. 222-1580

Dear Employer:

The County Superintendent of Schools Office invites you to participate in their work-study program for selected secondary special education pupils who are enrolled in the Occupational Education Program. As a responsible citizen and employer, you will be interested in helping these pupils gain job-training experiences.

Practical experiences of combined work and school will help boys and girls become good workers and citizens of our community. Your cooperation in this program will play a vital part in the successful outcome of Occupational Education for secondary special education pupils.

The coordinator of the program will be pleased to explain the details and to answer any questions you may have.

Your cooperation and participation in this program of training youth to take their place as productive citizens in our country will be greatly appreciated.

Sincerely yours,

Thomas H. Knight

Thomas H. Knight
Coordinator of Work Study Program

WASHINGTON COUNTY SUPERINTENDENT OF SCHOOLS
74 W. Beau Street
Washington, Pennsylvania

A PROPOSED WORK-STUDY PROGRAM

The proposed Work - Study program for_____
has been explained to me in detail by _____.
I am very interested in such a program and would be willing to participate. I understand that this involves no specific commitment on my part and is an indication only of my interest.

NAME	DATE	BUSINESS	ADDRESS